



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR PSYCHOLOGICAL ASSISTANT REGISTRATION
INSTRUCTION SHEET**

**Read all instructions carefully before completing and submitting your application.
Failing to follow instructions may delay your registration.**

Who Files Application and When

The supervising Psychologist completes and submits the *Application for Psychologist Assistant Registration* on behalf of the Psychological Assistant applicant whom he/she is supervising. The supervising Psychologist must have practiced as a licensed psychologist for two years in Delaware or another jurisdiction. The Psychological Assistant

- must be in the process of obtaining post-doctoral hours under the supervising Psychologist's supervision, and
- will be applying for a Psychologist license after completing the post-doctoral hours.

When a Psychological Assistant provides services under the direction of more than one Psychologist, *ALL* of the psychologists who are directly supervising the clinical work must apply to register the Psychological Assistant.

Supervising Psychologist Responsibilities

The supervising Psychologist must assume full professional, legal, and ethical responsibility for the services provided by the registered Psychological Assistant. As part of this application, the supervising Psychologist must provide:

- detailed and current, written job description delineating the range and type of duties, educational practicum and clinical experience to be assigned to the Psychological Assistant
- limits of the Psychological Assistant's independent action, emergency procedures for contacting the supervising Psychologist, and the amount and type of supervision the supervising Psychologist will provide, and
- clear contingency plan for consultation when the licensed Psychologist is not in the office.

Requirements for All Applicants

- ☐ Submit a completed, signed and notarized *Application for Psychological Assistant Registration*.
 - Both the supervising Psychologist and Psychological Assistant applicant must sign the application in the appropriate places.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- ☐ Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office, showing that the Psychological Assistant applicant has a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.
 - A doctoral degree from a program accredited by the American Psychological Association (APA) or the Psychological Clinical Science Accreditation System (PCSAS) meets this requirement.

- ☐ If the program is neither APA-accredited nor PCSAS-accredited, arrange for the Board office to receive the following:
- ☐ Course descriptions (such as the course catalog)
 - ☐ *Evaluation of Coursework* form completed by the Psychologist Assistant applicant to assist the Board in evaluating the program

This documentation is required *in addition to* the official transcript. It must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's [Rules and Regulations](#).

- ☐ Enclose a job description that is specific to the Psychological Assistant applicant. The job description will remain on file with the Board. It must include *all* of the following:
- Define the specific role that the Psychological Assistant will play in the supervising Psychologist's practice.
 - Describe the range and type of duties assigned to the Psychological Assistant, as well as the limits of independent action and decision-making.
 - Describe the strategy for and format of supervision, including the ratio of clinical hours to supervisory hours.
 - Set forth a detailed emergency and contingency plan that describes the Psychological Assistant's plan of action in time of clinical crisis and includes prearranged emergency consultations and mechanism for obtaining these consultations.
 - Include a backup plan for the anticipated or unanticipated unavailability of the licensed Psychologist, who remains clinically and legally accountable for the actions of the Psychological assistants, and should arrange for competent and continuous clinical coverage.
- ☐ If the Psychological Assistant applicant has never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Reporting Changes in Supervising Psychologist

A change in a Psychological Assistant's supervising Psychologist must be reported by the Psychological Assistant and *both* the new and releasing supervisors, as follows:

- The Psychological Assistant and the proposed **new** supervisor must complete and submit the [Psychological Assistant Report of New Supervisor](#) form.
- The Psychological Assistant and the **releasing** supervisor must complete the [Psychological Assistant Report of Releasing Supervisor](#) form.

A psychological assistant who has been released from supervision is not allowed to provide services until the [Psychological Assistant Report of New Supervisor](#) form has been submitted.



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APPLICATION FOR A PSYCHOLOGICAL ASSISTANT REGISTRATION

Both the psychological assistant applicant and supervising psychologist complete this application.

INFORMATION ABOUT THE PSYCHOLOGICAL ASSISTANT APPLICANT – *The Psychological Assistant applicant completes this section.*

1. Name: _____
Last/Family Name First Middle
2. Other Names Used: None ☐ _____
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____

City State Zip
6. Phone: _____ Daytime Home Email: None ☐ _____

EDUCATION & POST-DOCTORAL INTERNSHIP EXPERIENCE– *The Psychological Assistant applicant completes this section.*

7. Enter following information about your doctoral degree:
University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office. The transcript must show the doctoral degree.

8. Was the doctoral program APA-accredited or PCSAS-accredited? Yes ☐ No ☐ If no, submit a course catalog (or other course descriptions) and complete the ***Evaluation of Coursework*** form.

9. Do you have any *post-doctoral* experience? Yes ☐ No ☐ If yes, enter the following information about the location where you gained post-doctoral experience. If you need room for an additional location(s), enclose a separate sheet.

| |
|---|
| Dates of Experience: From: _____/_____/_____ To: _____/_____/_____ Total Hours: _____ |
| Address: _____ |
| Name of Supervisor (s): _____ |
| Licensed Psychologist: Yes <input type="checkbox"/> No <input type="checkbox"/> License No: _____ Issue Date: _____ |
| Briefly describe your duties in this position. (Attach separate sheet if necessary.) _____ |
| _____ |
| _____ |
| _____ |

| |
|---|
| Dates of Experience: From: _____/_____/_____ To: _____/_____/_____ Total Hours: _____ |
| Address: _____ |
| Name of Supervisor (s): _____ |
| Licensed Psychologist: Yes <input type="checkbox"/> No <input type="checkbox"/> License No: _____ Issue Date: _____ |
| Briefly describe your duties in this position. (Attach separate sheet if necessary.) _____ |
| _____ |
| _____ |
| _____ |

DISCLOSURES – *The Psychological Assistant applicant completes this section.*

10. Have you ever had your professional license or registration subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit a signed statement giving a complete explanation. Include copies official Board orders or any other relevant documents.**
11. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes ☐ No ☐ **If yes, submit a signed statement giving a complete explanation. Include copies of all official documents or Board orders.**
12. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a signed statement giving a complete explanation. Include copies of all official documents or Board orders.**
13. Are you now, or have you *ever* been, dependent on alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ **If yes, submit a signed statement giving a complete explanation. Include any relevant documents.**

DUTY TO REPORT – *The Psychological Assistant applicant completes this section.*

14. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Examiners of Psychologists
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
 - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3518A](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes ☐ No ☐

15. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the [Department of Services for Children, Youth and Their Families](#) if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

16. You have a **mandatory** duty to report to the Board of Examiners of Psychologists if you believe that a colleague has violated the APA's *Ethical Principles of Psychologists and Code of Conduct* ([24 Del. C. §3518A\(a\)](#)).

I certify that I have read and understand Sections 1.04 and 1.05 of the [APA Ethical Code](#), which explain when I am required to report a colleague, and that I understand my *duty to report*. Yes ☐ No ☐

AFFIRMATION BY PSYCHOLOGICAL ASSISTANT

I hereby acknowledge that I have read the Delaware psychology Statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information I have provided in Questions 1 – 16 is correct, and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Assistant Signature: _____ Date: _____

INFORMATION ABOUT THE SUPERVISING PSYCHOLOGIST – *Supervising Psychologist completes this section.*

17. Supervisor's Name: _____
Last/Family Name First Middle

18. Delaware License Number: B1 - _____ Issue Date: ____/____/____

19. Title: _____ Degree: _____

20. Practice Address: _____

City State Zip

21. Phone: _____ Email: None ☐ _____
Daytime Home

INFORMATION ABOUT SUPERVISION – *The supervising Psychologist completes this section.*

22. Enter the following information about your supervisory arrangements for this applicant:

Location where you will be working: _____

Location where applicant will be working: _____

Location where the weekly supervision will occur: _____

How will you provide the supervision? _____

23. Enter the following information about *each* psychological assistant, *other than this applicant*, who currently works for you.

| ASSISTANT NAME | CLINICAL HOURS PER WEEK UNDER YOUR SUPERVISION | HOURS OF FACE-TO-FACE SUPERVISION PER WEEK |
|----------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

24. Will you be providing professional services at least 50% of the time in the same work setting where the applicant is gaining supervised professional experience? Yes ☐ No ☐
25. Do you understand that you are legally required to provide one hour of face-to-face supervision for every ten hours of clinical work provided by this psychological assistant applicant? Yes ☐ No ☐
26. Do you understand that you are required to inform all clients that they are being treated by a psychological assistant? Yes ☐ No ☐
27. The psychological assistant is permitted to provide supervised psychological services under the authority of your license. Do you accept direct responsibility for supervising this applicant and understand that you are fully accountable for the service provided under authority of your license? Yes ☐ No ☐
28. Have you enclosed the psychological assistant's specific job description to this application? Yes ☐ No ☐

Refer to the Instruction Sheet for the required elements of the job description.

To ensure consideration of this application at the next Board meeting, the Board office must receive all of these items no later than ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Supervisor Signature: _____ **Date:** _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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EVALUATION OF COURSEWORK

Complete this form if your doctoral degree in psychology is from a program of studies that is **not** accredited by the American Psychological Association or the Psychological Clinical Science Accreditation System. The purpose of the form is to assist the Board in evaluating your coursework.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

| History and Development | Course # | Course Title |
|---|----------|--------------|
| Biological aspects of behavior | | |
| Cognitive and affective aspects of behavior | | |
| Social aspects of behavior | | |
| History and systems of psychology | | |
| Psychological measurement | | |
| Research methodology | | |
| Techniques of data analysis | | |

| Foundations of Practice | Course # | Course Title |
|---|----------|--------------|
| Individual differences in behavior | | |
| Human development | | |
| Dysfunctional behavior or psychopathology | | |
| Professional Standards | | |
| Ethics | | |

| Diagnosing & Intervention Strategies | Course # | Course Title |
|---|----------|--------------|
| Theories, methods of assessment & diagnosis | | |
| Effective intervention | | |
| Consultation and supervision | | |
| Evaluating the efficacy of interventions | | |
| Issues of cultural and individual diversity | | |

Submit a course catalog or course descriptions in addition to this form.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCPD, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.